

# Majestic Dance Academy

Please print ALL information clearly:

Please fill out this form per family as there is ample space to list all dancers on this form.

Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Number of year completed of dance at Majestic Dance Academy \_\_\_\_\_

Number of years completed of dance at other studios \_\_\_\_\_

## Dancer information

Name

Birth Date  
(Month/Day/Year)

Age

Grade

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Parent/Guardian Information

Name

Email address

Home Phone

Cell Phone

Mother \_\_\_\_\_

Father \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**WAIVER OF LIABILITY**

I, the undersigned parent or legal guardian of the dancer(s) listed above; do hereby give permission for the aforementioned persons to participate in all classes, programs and events offered by Majestic Dance Academy, LLC. I accept all risks associated with that participation and understand that there is a full responsibility of serious physical illnesses or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Majestic Dance Academy, LLC, its officers, owners, directors, employees and /or other assigned representatives or volunteers from any and all liability and for any and all damages and or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for Majestic Dance Academy, LLC. Furthermore, I hereby give my permission to Majestic Dance Academy, LLC to use photographs and or videos of the dancer(s) listed above as deemed appropriate for the promotion of Majestic Dance Academy, LLC.

**INSURANCE & PERMISSION FOR TREATMENT**

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical insurance while he/she dances at Majestic Dance Academy, LLC. I also authorize Majestic Dance Academy, LLC and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any MDA Dance related activity.

My signature below indicates I have read, understand and will abide by the waiver of liability as well and the insurance and permission for treatment policies.

**Parent/Guardian Signature:** \_\_\_\_\_

**WEBSITE**

**This includes Pictures taken from classes or shows. Names may be posted online for award recognition.**

1. \_\_\_\_\_ **DO NOT allow my child’s pictures or information (Name) to be on the MDA website.**
2. \_\_\_\_\_ **DO allow my child’s pictures or information (NAME) to be on the MDA website.**

**RULES, REGULATIONS and ATTENDENCE**

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by Majestic Dance Academy, LLC and its owners, employees, and directors and any additional rules and requirements as set forth throughout the year. I agree and understand if I fail to pay the monthly tuition by the tenth of each month I will receive and pay a \$ 15.00 late fee. If I fail to pay the late fee it will be posted to my account and be due with the future months tuition. I understand my account total will be paid in full before Recital in order for my child to perform.

**Registration fee, tuition and costume fees are non -refundable.**

**Parent/Guardian Signature** \_\_\_\_\_